

## Lake County Court of Common Pleas

Juvenile Division

Judge Karen Lawson

## **AUTHORIZATION TO RELEASE INFORMATION**

(Please print or type)

I,	
Client's Name	Date of Birth
authorize	
Facility Name	Facility Address
to release (disclose) all information (except as restricted below) con information from:	ntained in my records to and receive
Specific information: This authorization shall extend to all or any princlude treatment for physical and mental illness, alcohol/drug abus diagnoses.	•
Other:	
For the time period of:	
Purpose and need for such disclosure:	
This consent may be revoked by me, in writing, at any time unless a expire in 60 days from the date of signatures unless revoked by me,	
Client/Signature:	Date:
Parent/Guardian:	Date:
Witnessed by:	Date:
This information has been disclosed to you from records whose confidentiality is protected by I prohibits you from making any further disclosure of it without the specific written consent of the by such regulations. A general authorization for the release of information is NOT sufficient for	ne person to whom it pertains, or otherwise permitted
S: Court Wide/Forms	
rev. 8-06	